

**RENEWAL OF**  
**NATIONAL INSTITUTES OF HEALTH**  
**ANIMAL STUDY PROPOSAL**

PROPOSAL # _____
APPROVAL DATE _____

**A. ADMINISTRATIVE DATA:**

Institute, Center, or Division: \_\_\_\_\_ Division, Laboratory, or Branch: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Project Title: \_\_\_\_\_  
\_\_\_\_\_

Renewal of \_\_\_\_\_ List the names of all individuals authorized to conduct procedures involving  
under this proposal and identify key personnel (i.e. Co-investigators(s)):

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Position Title, Affiliation: \_\_\_\_\_

☐ Fully qualified in all relevant animal procedures ☐ Will be trained and supervised by \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Position Title, Affiliation: \_\_\_\_\_

☐ Fully qualified in all relevant animal procedures ☐ Will be trained and supervised by \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Position Title, Affiliation: \_\_\_\_\_

☐ Fully qualified in all relevant animal procedures ☐ Will be trained and supervised by \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Position Title, Affiliation: \_\_\_\_\_

☐ Fully qualified in all relevant animal procedures ☐ Will be trained and supervised by \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Position Title, Affiliation: \_\_\_\_\_

☐ Fully qualified in all relevant animal procedures ☐ Will be trained and supervised by \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Position Title, Affiliation: \_\_\_\_\_

☐ Fully qualified in all relevant animal procedures ☐ Will be trained and supervised by \_\_\_\_\_

**B. ANIMAL REQUIREMENTS:**

Species: \_\_\_\_\_ Age/Weight/Size: \_\_\_\_\_ Sex: \_\_\_\_\_

Stock or Strain: \_\_\_\_\_ Source(s): \_\_\_\_\_

Holding Location(s): \_\_\_\_\_ Animal Procedure Location(s): \_\_\_\_\_

Number of animals justified previously, but not yet used: \_\_\_\_\_

Number of animals previously justified, and currently being used (e.g. nonhuman primates, rabbits, etc.): \_\_\_\_\_

Number of additional animals requested: \_\_\_\_\_ + \_\_\_\_\_ = **TOTAL**  
Year 1 Year 2

**C. EXPLANATION OF NUMBER OF ANIMALS LISTED:**

Explain the number of animals listed in Section B in terms of the number of animals previously approved. Justify any additional animals beyond those already approved in terms of the progress of the experiments and the future course of study.

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**D. DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES:**

- ☐ There are no substantive changes in this proposal since its last approval.  
☐ There are substantive changes in this proposal which are detailed on the attached page.

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**E. PAIN OR DISTRESS CATEGORY:** (See Attachment I for definitions and guidelines.) Indicate the number of animals used each year in each category. Sum(s) should equal total from Section B.

		Year 1	Year 2
<b>USDA Column C</b>	- Minimal, Transient, or No Pain or Distress	_____	_____
<b>USDA Column D</b>	- Pain or Distress Relieved by Appropriate Measures	_____	_____
<b>USDA Column E</b>	- Unrelieved Pain or Distress***	_____	_____

\*\*\* If animals are indicated in Column E, a scientific justification is required to explain why the use of anesthetics, sedatives or tranquilizers during and/or following painful or distressful procedures is contraindicated. Please complete the explanation for Column E listings on an attached page.

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**F. PRINCIPAL INVESTIGATOR CERTIFICATIONS:** (See Attachment II for further guidance.)

1. I certify that I have attended an approved NIH investigator training course.  
Year of Course Attendance \_\_\_\_\_ Location \_\_\_\_\_
2. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.
3. I certify that all individuals working on this proposal are participating in the NIH Animal Exposure Surveillance Program.
4. I certify that the individuals listed in Section A are authorized to conduct procedures involving animals under this proposal, and have, or will receive training in the biology, handling, and care of this species, in aseptic surgical methods and techniques (if necessary), in the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress, in the proper use of anesthetics, analgesics, and tranquilizers (if necessary), and in procedures for reporting animal welfare concerns.
5. **For Column D and Column E Proposals (see Section E):** I certify that I have reviewed the pertinent scientific literature and the sources and or databases and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress. The methods and sources used in my search are included in the continuation of this Section.
6. I will inform the ACUC of any proposed significant changes in this study.

**Principal Investigator** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**G. CONCURRENCES:**

**Laboratory/Branch Chief** certification of review and approval on the basis of scientific merit.  
Scientific Director's signature required for proposals submitted by a Laboratory or Branch Chief.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Institute Veterinarian** certification of review.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**H. FINAL APPROVAL:**

Certification of review and approval by the **Animal Care and Use Committee Chairperson.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**C. EXPLANATION OF NUMBER OF ANIMALS LISTED (continued):**

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**D. DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES (continued):**

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**E. PAIN OR DISTRESS CATEGORY:**

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**F. PRINCIPAL INVESTIGATOR CERTIFICATIONS: Methods and sources used in search (continued):**



